



AZ Medicaid Technical Consortium Meeting

July 18, 2006

11:00 AM to 12:00 PM

AHCCCS 701 E. Jefferson St. – 3rd Floor - Gold Room

Meeting Hosted By: Denny Bierl, AHCCCS

Attendees:

(Based on sign-in sheets)

Abrazo Health

JoAnn Ward

*Jim Ten Eyck
(teleconference)*

ADHS

Lee Cisney

Hugh Doctorman

Jerri Gray

Rhonda Greene

Ian Hubbert

Paula Rendfield

Thao Nguyen

Susan Ross

Kevin Gibson

AHCCCS

Susan Ackley

Peggy Brown

Deborah Burrell

Dwanna Epps

Barbara Butler

Becky Fields

LeRoy Geske

Midia Giliana

Patti Goodwin

Sharon Hsu

Ester Hunt

MaryKay McDaniel

Bridgeway

LarryPrice

AHCCCS, cont.

Jacqueline McElroy

John Murray

Valerie Noor

Lori Petre

Brent Ratterree

Celia Rodriguez

Kermit Rose

Nancy Upchurch

APIPA

Bev Duffy (teleconference)

Lucy Markov

Pablo Mendoza

Jane Upton

Capstone

Lydia Ruiz

Care1st

Anna Castaneda

Cochise

Deborah Everhart

Marcia Goerd

Schandalette Penson

Marisol Renteria

Cochise, cont.

Susan Speicher

Evelyn Valdez

DES

Robin Claus

Stacey Hill

B Lubrant

Asa Sampong

Jeremy Spears

MCP & Schaller

Maurice Hill

David Donnadieu

Cathy Jackson-Smith

Walter Janzen

Pinal

Cheryl Davis

Jennifer Schwarz

UFC

Kathy Kinsler

Pam McConnell

United Drugs

Alfonso Munguia

UPH

*Kathy Steiner
(teleconference)*

Yavapai

*Becky Ducharme
(teleconference)*

Jean Willis (teleconference)

Welcome (Denny Bierl)

Thank you for coming. We have updates on several aspects of the project today. First, however, Mary Kay McDaniel has a brief update on the Standards Body activities.

Overview of Standards Body Activities (Mary Kay McDaniel)

The current version of the 1500 has been approved and is expected to be implemented by October 1, 2006.

In the Standards Body meetings, there are ongoing conversations concerning value codes and how they relate to coinsurance and co-pays. They are actively seeking your input relating to the 837 files. They want to know if your companies prefer Value codes to CAS segments. Be advised, the National Uniform Billing Committee (NUBC) is looking at making the CAS segments electronic only. If you agree or disagree, they are looking for input. Please visit the website and let them know.

The latest NPI enumeration statistics are 16,203 individual NPIs. Several hospitals have opted to have one organizational NPI to cover all their sub-parts. To clarify, however, if an organization bills separately for their subparts, for instance, labs and vision clinics in a hospital, the organization can choose to obtain separate NPIs for each of the sub-parts. Two such major hospital chains are doing the circuit trying to convince the majority of hospitals and hospital organizations of the wisdom of utilizing one NPI. Based upon a WEDI conference they attended last month, they said it all depends on how their Accounts Payable operates.

There appears to be a problem in getting smaller providers to attend the NPI related conferences, though. The Standards Committees hear from the larger organizations, but smaller providers cannot get away from their offices to attend in person. The Committees are having limited success in getting the smaller providers to teleconference in for brief overviews.

Please carefully review the changes you may need to make to your outbound 835 transactions as a result of the NPI. The 835 uses the NPI of the billing provider at the 'header'. This can cause some interesting complications in this transaction, especially during the transition period.

Denny Bierl – It is imperative we educate our provider bases regarding NPIs. They may not understand that the 835 breaks at the header level. If they do not have an organizational NPI, they may not get paid correctly.

Mary Kay McDaniel – Also, consider what happens when atypical providers are included in an overall 835. If they have an NPI, how do you bill for them and break out the payments correctly?

HP – Are there situations in which a provider that does not belong to a group are billed together with the group?

Mary Kay McDaniel – Yes. Remember, if there is a group of sole practitioners who practice together they still require NPIs. We strongly recommend you go to the website to review the CMS NPI Frequently Asked Questions list. It is a valuable resource.

AHCCCS NPI Project Update (Denny Bierl)

As you know, the Provider subsystem changes were promoted the end of June. If you should log on to PMMIS you will see a number of NPIs now listed on the Provider Tables. Claims, Encounters, EDI, Finance, Reinsurance, Recipient, and IVR are scheduled to go up in September and are now in testing. We have already located some complexities we need to include in our strategy. We have also located an issue with atypical providers and whether they should be processed in the same cycle with the typical providers. However, we are on track to begin receiving FFS Claims and encounters with Provider NPIs beginning 1/1/07.

If you have not done so already, we strongly encourage you to review possible scenarios regarding your crosswalk, as it may be a challenge to make a one to one match for NPIs. Over the past week AHCCCS

testing activities have identified several challenging scenarios that we are working to resolve. Currently we are focusing our testing efforts on FFS. Encounters are scheduled to begin testing in earnest next week.

We have one remaining promote to our test subsystem at the end of July. It will include MEVS which supports the online eligibility system and our web apps.

All subsystems are scheduled to promote to production in August or September.

Don't forget, you should be sending your status reports to Lori Petre.

HP – Will you be doing a complete switchover after May 23, 2007? Or will there be a transition period?

Denny Bierl – As of January 1, 2007, we will accept NPIs or AHCCCS provider ID's from any provider who sends them. However, as of 5/23/07, it is mandated that we use only NPIs for health care providers. At that time, we will enforce it. The denial and pend codes will not be turned on until that time, though. If we receive an NPI on a claim, we use that NPI. Therefore, if the NPI is incorrect, or we have not received the confirmation of the NPI we will pend that encounter.

PAT File Changes (John Murray)

We wanted to share with you a correction made to the PAT File. Please see the attached documentation where we have added the NPI to unused filler near the bottom of the record. We plan to implement the new file layout some time in January. We recognize that this opens up an opportunity to also make significant improvements to the process such as replacing the hard copy error reports with electronic error reports. We will let you know exactly what other improvements there are as we get further into the project. We will be adding a new edit to validate the NPI and also to determine if it should be present or not.

HP – Is there a December date where we must have the NPI for every provider?

John Murray – No, it is your business decision whether to submit the NPI at that time.

Denny Bierl – Also, we are still working on the error code for this; would you prefer to see the error message date sensitive so you only receive it after the logical date?

HP – Yes, and not hit at all until that time.

Provider NPI Registration (Valerie Noor)

We have received approximately 1,000 registered NPIs. We continue to publish the information concerning how to submit the NPI, but would appreciate any help we can get in educating the providers. Our trainers are scheduled to visit our major provider groups to encourage them to submit the NPIs earlier rather than later, so we avoid a potential bottleneck of registrations as we approach the mandated cutoff date. We've also been discussing internally how we're to handle the combination of multiple ID numbers. The decision has been made to combine the IHS number into the private number. This is scheduled to go into effect on January 1, 2007.

Mary Kay McDaniel – Have the HPs met separately as a group to brainstorm conference calls, or trips together to provider groups to educate the providers about NPI?

HP – Will AHCCCS have a generalized letter we can insert in our packages to the providers? It could include very generic instructions, such as "If you are contacted with a Health Plan, please contact that plan with your NPI as well as submitting it to AHCCCS."

Denny Bierl – That is certainly a good idea. Maybe a one page "Cheat Sheet" is in order to explain where to get the NPI and who to send it to. We should add this to our updates for provider outreach so we can all track the metric.

Multiple AHCCCS IDs (Denny Bierl)

When a provider works in more than one office, for instance an IHS clinic as well as a separate clinic he or she may have more than one AHCCCS ID. Our next activity is to merge all of the multiple IDs into one so that our crosswalk of AHCCCS IDs to NPIs has a one to one ratio. As we move forward, we may see confusion on the providers' part because of this.

Health Plan/program contractor testing and implementation (Lori Petre)

The next status update is scheduled for next week. We will be emailing a reminder to you shortly. Please note there will be an additional item asking when you will be ready to begin testing.

There is a document in your package titled "NPI Testing." Some of you may recognize the format from our HIPAA testing. We will be using the second document matrix to track how the testing is going and where you stand regarding implementation. Please review this document and let us know if you have any questions or comments. The standard test window for is from October 15, 2006, through February 15, 2007. However, you can begin your testing as early as August 15, 2006 if you are ready. We are still looking for a partner HP to test with us during this earlier period. Bear in mind, regardless of when you begin your testing, you must complete your testing by February 28, 2006. If you find that you will not be complete at that time, you will need to contact us on an individual basis to discuss your contingency plan to finish your testing.

Please also note in this package, there are some expectations listed, how many files and of what approximate size we are looking for.

Finally, I have a list of contacts for this project, for each of your entities. However, if this list is not up to date, these status updates may be going to an empty email. Please let me know if the list I have is still accurate.

HP – Will test files process only once a week?

Lori Petre – There will still be a weekly encounter cycle, and we will have a biweekly Reinsurance cycle. We will be sending out a supplemental testing calendar as we move forward.

Open Forum (Denny Bierl)

Regarding the question we received by email concerning validation, yes, we will be validating NPIs complies with check digit logic. Those files that include invalid or incorrect NPIs will be pended.

Mary Kay McDaniel – Concerning the questions we've received about the 837 dental files, please be aware that yes, Dentists must have an NPI. Also, hygienists may need an NPI if they are billing separately from the dentist. If providers write a prescription, their NPI is required. The same goes for the nurses who may write prescriptions.

In the 2010 loop of the professional 837, you may only use the NPI to identify a healthcare provider. If a billing service is submitting the file, a tax ID or EIN is still allowed. Again, it all depends on how you build the file. We are attempting to build some examples for you, but want to stress that that's all they are intended to be, and just to assist you. Please note the changes on the NCPDP layout. After 5/23/07, the NPI must be submitted, as well as provider required modifiers.

Medicare crossover claims are in testing. The cutover date is at the end of August. We hope to meet that date. At some point after we are live and everything going well, we hope to be able to start sending you crossover files. Please note, you need to be able to accept 837 COB claims in order to accept these files. Also, a reminder that if a provider sends you EDI claims, you cannot require paper attachments. You must be able to accept these via EDI.

HP – Will paper claims require an NPI?

Mary Kay McDaniel – If they are health care providers, they require an NPI.

The validator project continues to move forward. Just a reminder that when it goes up, we will be stopping those files with errors.

Denny Bierl – If you have any questions or comments, please send them to the AHCCCS HIPAA Workgroup. We hope to collate a list of frequently asked questions and publish them.

Next Meeting: 08/29/06

